Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lows Code section 8.7 requires all gifts and bequests given to any department of the state of lows or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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	formation received or accepted by the alf of the state
For office	e use only
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Computer	
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

lame of Department or Office 1000 E Grand Ave	Dee Moines, IA 50319	6
Mailing Address 515-281-8335	City, State, Zip Code	3
rea Code & Telephone No.		Ü
INTACT PERSON FOR RECIPIENT DEPA	RTMENT OR OFFICE:	ယ

Christopher Godfrey	
Name 1000 E Grand Ave	Des Moines, IA 50319
Wailing Address (if different from above)	City, State, Zip (if different from above)
christopher.godfrey@iwd.iowa.gov	\$15-281-8335
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Iowa Workers' Compensat	ion Advisory Committee, Inc.		
Name			
PO Box 1757	Des Moines, IA 50305		
Mailing Address	City, State, Zip Code	10-11-12	\$2,936.77
515-252-1594		Date of Gift or Bequest	Amount/Va
Area Code & Telephone Nun	nber	"value is defined as "fair marke	tumbus" of item as detec
iwcacsecretary@msn.	com	receiving department or office.	
Email Address (optional)			

10-11-12	*2,936.77
Date of Gift or Bequest	Amount/Value*
"value is defined as "fair market	value" of item as determined by

Provide a description of the gift or bequest and purpose thereof:

Attendance at the IAIABC International Forum on Disability Management for Christopher Godfrey, Workers' Compensation Commissioner.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Chris T. Godfrey affirm that the gift or bequest reported above is accurate. I further affirm that the Information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Revised 06/08

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Gift or Bequest information re- by a department or accepted to Governor on behalf of the state	by the
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EPARTMENT OR OFFICE RECEIVING THE GIF	T OR BEQUEST:	- 12	32
Division of Workers' Compensation		112	A.
Name of Department or Office 1000 E Grand Ave	Des Moines, IA 50319		TOTAL C
Mailing Address 515-281-8335	City, State, Zip Code	91	3
Area Code & Telephone No.			9.6
CONTACT PERSON FOR RECIPIENT DEPARTM	ENT OR OFFICE:	3	
Christopher Godfrey		3	CIS.
Name 1000 E Grand Ave	Des Moines, IA 50319	<u> </u>	रहा इस्ट
Mailing Address (if different from above)	City, State, Zip (if different from above)		20
christopher.godfrey@iwd.iowa.gov	515-281-8335		
Email Address	Area Code & Telephone Number (if different fro	m above)	

DONOR OF GIFT OR BEQUEST:

Iowa Workers' Compensati	on Advisory Committee, Inc.		
Name	D-14-in-14-50205		
PO Box 1757	Des Moines, IA 50305	11,0,16,10	60 500 41
Mailing Address	City, State, Zip Code	10-16-12	\$2,530.41
515-252-1594		Date of Gift or Bequest	Amount/Value*
Area Code & Telephone Num	ber	August is defined as "fair marke	i value" of item as determine
iwcacsecretary@msn.com		** value is defined as "fair market value" of item as determined receiving department or office. If no value mark "0.00".	
Email Address (optional)			

Provide a description of the gift or bequest and purpose thereof:

Remainder of Payment for attendance at IAIABC 98th Annual Convention for Janna Martin, Assistant Workers' Compensation Comm'r and Christopher Godfrey, Workers' Compensation Comm'r.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I. Ocis T. Go How affirm that the gift or bequest reported above is accurate. I further affirm that the Information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Oct. 16, 2012	
Date	